

## WHAT TO DO WHEN A TEEN TALKS ABOUT SUICIDE

### Take him or her seriously!

**Encourage the adolescent to talk** with you or some other trusted person. Some people think that by talking about suicide, the attention might encourage others to die by suicide. Actually, the opposite is true. Talking about suicide gives thought to the consequences and victims left behind.

**Listen to their feelings.** Avoid giving advice or offering simple solutions. Never assume that talk of suicide is simply a manipulation for attention. What if you are wrong?

**Be honest.** If the child's words or actions scare you, tell him or her. If you're worried or you don't know what to do, say so.

**Normalize the feelings, not the thoughts.** At times everyone feels sad, hurt, or hopeless and it is important for the child to know he or she is not alone. Thoughts of suicide or self-harm are not "normal" or "healthy" and intervention is a necessity.

**Get professional help!** If an adolescent says "I want to kill myself," "I want to die," or "I'm going to commit suicide," always take the statement seriously and seek evaluation from a child and adolescent psychiatrist or a physician.

**Draw the teen out.** People often feel uncomfortable talking about death. However, asking the adolescent if he or she is depressed or thinking about suicide can be helpful. Rather than "putting thoughts in the teen's head," such a question will provide assurance that somebody cares and will give the young person a chance to talk about problems. If you suspect a teen is considering suicide, ask them "Are you thinking about harming yourself or anyone else."

## SUICIDE RISK FACTORS

**Mental Illness:** 90% of adolescent suicide victims have at least one diagnosable, active psychiatric illness at the time of death most often depression, substance abuse, and conduct disorders. Only 15% of suicide victims were in treatment at the time of death.

**Previous Attempts:** Between 26% and 33% of adolescent suicide victims have made a previous suicide attempt.

**Stressors:** Suicide in youth often occurs after the victim has gotten into some sort of trouble or has experienced a recent disappointment or rejection.

**Firearms:** Having a firearm in the home greatly increases the risk of youth suicide. 64% of suicide victims 10-24 years old use a firearm to complete the act.

### **Significant changes in:**

- Relationships
- Well-being of self or family member
- Body image
- Job, school, university, house, locality
- Financial situation
- World environment

### **Significant losses:**

- Death of a loved one
- Loss of a valued relationship
- Loss of self-esteem or personal expectations
- Loss of employment
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### **Perceived abuse:**

- Physical
- Emotional/Psychological
- Sexual
- Social
- Neglect

## SUICIDE FACTS

- In the next 24 hours 1,439 Teens will attempt suicide (Based on statistics from Teenhelp.com)
- Suicide is the 3<sup>rd</sup> leading cause of death for 15-to-24 year olds, and the 6<sup>th</sup> leading cause of death for 5-to-14 year olds.
- For every two homicides in the U.S. there are three suicides.
- Every hour and forty-five minutes another young person commits suicide.
- Teen/youth suicide rates have tripled since 1970.
- Evidence indicates that for every suicide, there are 50 to 100 attempts at suicide.
- Boys commit suicide more often than girls, but no one is immune. Boys tend to choose violent means of killing themselves which result in death.
- In one recent survey of high school students, 60% said they had thought about killing themselves. About 9% said they had tried at least once.
- Reasons for the increase in youth suicide rates:
  - It's easier to get the tools for suicide (Boys often use firearms to kill themselves; girls usually use pills).
  - The pressures of modern life are greater;
  - Competition for good grades and college admission is stiff; and
  - There's more violence in the newspapers and on television.
  - Perceived lack of parental interest. 90% of suicidal teenagers believed their families did not understand them.

## DANGER SIGNS OF SUICIDE

- Previous suicide attempts
- The verbalizing of suicide threats
- The giving away of prized personal possessions
- The collection and discussion of information on suicide methods
- The expression of hopelessness, helplessness, and anger at oneself or the world
- Themes of death or depression evident in conversation, written expressions, reading selections, or artwork
- Statements or suggestions that the speaker would not be missed if he or she were gone
- The scratching or marking of the body, or other self-destructive acts
- Recent loss of a friend or a family member (or even a pet) through death or suicide; other losses (for example, loss of a parent resulting from divorce)
- Acute personality changes, unusual withdrawal, aggressiveness, or moodiness, or new involvement in high-risk activities.
- Sudden dramatic decline or improvement in academic performance, chronic truancy or tardiness, or running away
- Physical symptoms such as eating disturbances, sleeplessness or excessive sleeping, chronic headaches or stomachaches, menstrual irregularities, apathetic appearance
- Use or increased use of substances
- Sudden changes in behavior that are significant, last for a long time, and are apparent in all or most areas of his or her life (pervasive).
- Withdrawal from family, friends, and regular activities
- Violent actions, rebellious behavior, or running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Marked personality change

- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in pleasurable activities
- Not tolerating praise or rewards
- Complaints of being a bad person or feeling “rotten inside”
- Giving verbal hints with statements such as “I won’t be a problem for you much longer, “ “Nothing matter,” “It’s no use,” and “I won’t see you again.”
- Put his or her affairs in order, for example, give away favorite possessions, clean his or her room, throw away important belongings, etc.
- Become cheerful after a period of depression
- Have signs of psychosis (hallucinations or bizarre thoughts)
- Talking about suicide, or killing oneself, even in a joking manner.
- Statements about hopelessness, helplessness, or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people one cares about.
- Making arrangements; setting one’s affairs in order.
- Giving things away.
- Persistent sad or “empty” mood.
- Feeling hopeless, helpless, worthless, pessimistic and or guilty.
- Substance abuse
- Fatigued or loss of interest in ordinary activities.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying, anxiety, panic attacks, (Post Traumatic Stress Disorder).
- Difficulty concentrating, remembering or making decisions.

- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.
- Signs of self-mutilation
- Weepiness, abrupt or constant crying
- An accumulation of stressful or traumatic events and experiences.
- Individuals deal with stress and trauma in different ways; the presence of multiple risk factors does not necessarily imply that a person will become suicidal.
- Often suicidal people will give warning signs, consciously or unconsciously indicating that they need help and often in hope they will be rescued.
- If a person is highly perturbed, has formed a potentially lethal plan to kill themselves and has the means to carry it out immediately available, they would be considered likely to attempt suicide and need immediate help.